MERCHANT CARD READER USE AGREEMENT

THIS AGREEMENT is entered through the Office of Finance on behalf of Saint Martin's University and (Department and/or Group name) __________________________, hereinafter called BORROWER.

Event: ____________________________________________________

Date(s) of Event: ___________________________________________

GL Code/Department - revenue allocation: _______________________

WITNESSETH:

WHEREAS, BORROWER desires to use the Office of Finance Card Reader and IPad (“Equipment”) to conduct fundraising, selling, promoting, and/or extension activities consistent with Saint Martin’s University’s goals and missions.

NOW, THEREFORE, both parties agree as follows:

CONDITIONS:

_____ 1. BORROWER will be properly trained to adequately use the Equipment by appropriate personnel prior to reserving the Equipment. This training will include understanding of needed reports to properly fill out a deposit form (See #6 below) and reconcile to deposits received for the activity.

_____ Initial

_____ 2. BORROWER will give the Equipment left in its custody the same care provided similar property of its own.

_____ Initial

_____ 3. BORROWER shall ensure the Equipment is well maintained and secured from the time it is removed from the Office of Finance until it is returned. If lost, borrower will contact the Office of Finance immediately.

_____ Initial

_____ 4. BORROWER will pay for repair of or replacement of the Equipment if needed due to damages or theft.

_____ Initial

_____ 5. Equipment shall remain in the possession of BORROWER for the time specified on the following page.

_____ Initial

_____ 6. BORROWER shall complete in full, excluding dollar amounts, a Departmental Deposit Form. Form must include appropriate Department Account code.

_____ Initial

_____ 7. BORROWER shall return the Equipment to the Office of Finance (Old Main 201B) on the termination of this Agreement.

Check Out Date: ____________________________  Return Date: ____________________________

_____________________________  ______________________________
BORROWER – Name (Print)  Phone No.

_____________________________  ______________________________
BORROWER Signature  Email Address

_____________________________  ______________________________
Budget Manager’s Signature (if not the same as BORROWER)  Date:

_____________________________  ______________________________
Office of Finance Signature  Date: